

SERFF Tracking Number:	MUTA-126217577	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	42836
Company Tracking Number:	LORI CWACH		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	2009 NYLIC PreStd & Std Medicare Supplement		
Project Name/Number:	2009 Annual Rate Filing/2009 NYLIC AR		

Filing at a Glance

Company: New York Life Insurance Company

Product Name: 2009 NYLIC PreStd & Std SERFF Tr Num: MUTA-126217577 State: ArkansasLH

Medicare Supplement

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 42836

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: LORI CWACH

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Lori Cwach

Disposition Date: 08/05/2009

Date Submitted: 07/06/2009

Disposition Status: Approved

Implementation Date Requested: 10/01/2009

Implementation Date: 10/01/2009

State Filing Description:

General Information

Project Name: 2009 Annual Rate Filing

Status of Filing in Domicile: Pending

Project Number: 2009 NYLIC AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 5%

Group Market Type:

Filing Status Changed: 08/05/2009

Explanation for Other Group Market Type:

State Status Changed: 08/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing has been prepared to demonstrate loss ratio compliance as required by OBRA-90 and to request approval for the proposed rates. The proposed implementation date is October 1, 2008.

Company and Contact

Filing Contact Information

SERFF Tracking Number: *MUTA-126217577* *State:* *Arkansas*
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Lori Cwach, Actuarial Analyst II Lori.Cwach@mutualofomaha.com
Rating Department (402) 351-4249 [Phone]
Omaha, NE 68175

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
3316 Farnam Street	Group Code: 826	Company Type: Life and Health
Omaha, NE 68175	Group Name:	State ID Number:
(800) 995-5991 ext. [Phone]	FEIN Number: 13-5582869	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: For pre-standard Medicare Supplement and/or closed blocks of business with combined experience, one \$50.00 fee is required.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	07/06/2009	28990681

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<i>Project Name/Number:</i>	<i>2009 Annual Rate Filing/2009 NYLIC AR</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	08/05/2009	08/05/2009

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Disposition

Disposition Date: 08/05/2009

Implementation Date: 10/01/2009

Status: Approved

Comment: The requested rate increase has been approved to be implemented on or after May 1, 2009. This approval is subject to the following:

-Increases will not be given more frequently than once in a twelve-month period.

-Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
New York Life Insurance Company	5.000%	5.000%	\$479	2	\$9,576	%	%

SERFF Tracking Number: MUTA-126217577 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	Rate09	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.000%
Effective Date of Last Rate Revision:	10/01/2008
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
New York Life Insurance Company	5.000%	5.000%	\$479	2	\$9,576	%	%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rate09	7745-1, 8145-1, NYM13, NYM14, NYM15, NYM16	Revised	Previous State Filing Number: Percent Rate Change Request:	MUTA- AR RATE 1257132 SUMMARY.pdf 70 AR RATES09.pdf 5.000 AR ZIPS09.pdf

NEW YORK LIFE INSURANCE COMPANY

Summary of Rate Schedules

STATE: ARKANSAS

PRE-STANDARDIZED MEDICARE SUPPLEMENT

<u>FORM</u>	<u>DATE APPROVED</u>	<u>RATE SCHEDULE</u>		
7745-1	09/13/77	NY77	AR BASE RATE	06/05/2009 0007
8145-1	08/04/81	NY81	AR BASE RATE	06/05/2009 0007

STANDARDIZED MEDICARE SUPPLEMENT

<u>FORM</u>	<u>DATE APPROVED</u>	<u>RATE SCHEDULE</u>		
NYM13	10/21/93	NYM13	AR BASE RATE	06/05/2009 0008
NYM14	10/21/93	NYM14	AR BASE RATE	06/05/2009 0008
NYM15	10/21/93	NYM15	AR BASE RATE	06/05/2009 0008
NYM16	10/21/93	NYM16	AR BASE RATE	06/05/2009 0008

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas

Date: 06/15/2009
Page 1 of 6

RISK STANDARD

Issue Age	Individual	Issue Age	Family
65&Over	1436.10	65&Over	1396.42

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 1 PREMIUMS

Date: 06/15/2009
Page 2 of 6

Issue Age	Individual	Issue Age	Family
65&Over	359.02	65&Over	349.14

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 2 PREMIUMS

Date: 06/15/2009
Page 3 of 6

Issue Age	Individual	Issue Age	Family
65&Over	574.44	65&Over	558.58

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 3 PREMIUMS

Date: 06/15/2009
Page 4 of 6

Issue Age	Individual	Issue Age	Family
65&Over	1005.27	65&Over	977.55

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 4 PREMIUMS

Date: 06/15/2009
Page 5 of 6

Issue Age	Individual	Issue Age	Family
65&Over	1579.74	65&Over	1536.12

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 5 PREMIUMS

Date: 06/15/2009
Page 6 of 6

Issue Age	Individual	Issue Age	Family
65&Over	2297.79	65&Over	2234.33

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 8145-1 and Related Forms - Arkansas
H-81 Medicare Supplement Expense Policy

Date: 06/15/2009
Page 1 of 1

Issue Age	Individual	Issue Age	Family
65&Over	3890.32	65&Over	3781.63

New York Life Insurance Company
3316 Farnam, Omaha, NE 68175

Date: 06/15/2009

Page 1 of 1

Schedule of Monthly Rates
For Policy Form NYM13 - Arkansas

Attained
Age

All 184.74

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

New York Life Insurance Company
3316 Farnam, Omaha, NE 68175

Date: 06/15/2009

Page 1 of 1

Schedule of Monthly Rates
For Policy Form NYM14 - Arkansas

Attained
Age

All	311.81
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TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

New York Life Insurance Company
3316 Farnam, Omaha, NE 68175

Date: 06/15/2009

Page 1 of 1

Schedule of Monthly Rates
For Policy Form NYM15 - Arkansas

Attained Age	
All	330.80

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

New York Life Insurance Company
3316 Farnam, Omaha, NE 68175

Date: 06/15/2009

Page 1 of 1

Schedule of Monthly Rates
For Policy Form NYM16 - Arkansas

Attained
Age

All 693.62

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

AREA FACTORS FOR ZIP RATED MEDICARE SUPPLEMENT POLICY FORMS

PREPARED BY: H&A ACTUARIAL

THESE FACTORS WILL BE REFILED ON AN ANNUAL BASIS AND ARE SUBJECT TO REVISION BETWEEN ANNUAL FILINGS.
FACTOR REDUCTIONS OCCURRING BETWEEN ANNUAL FILINGS WILL BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.
FACTOR INCREASES OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.

Arkansas

Current Zip Code	Current Area Code	Current Factor	Proposed Zip Code	Proposed Area Code	Proposed Factor
<u>Digits</u>			<u>Digits</u>		
716	C	0.85	716	C	0.85
717	C	0.85	717	C	0.85
718	C	0.85	718	C	0.85
719	C	0.85	719	C	0.85
720	C	0.85	720	C	0.85
721	C	0.85	721	C	0.85
722	C	0.85	722	C	0.85
723	C	0.85	723	C	0.85
724	C	0.85	724	C	0.85
725	C	0.85	725	C	0.85
726	C	0.85	726	C	0.85
727	C	0.85	727	C	0.85
728	C	0.85	728	C	0.85
729	C	0.85	729	C	0.85
755	C	0.85	755	C	0.85